

1998 Indiana Full-Year Resident Individual Income Tax Return Due April 15, 1999

If you are **not** filing for the calendar year January 1 through December 31, 1998, enter period from: ______to: ______to: _______to:

315-92-6721 ANDREW M FORD

6222 KINGSLEY DR
INDIANAPOLIS IN 462

IN 46220-0000

Enter the	e 2-digit county code numbers (found o	on page 6	in the instru	ction booklet)		Check	the box if yo	u are		
	for the county where you lived and worked on January 1, 1998.					married filing separately.				
County w		ounty where ou lived	c	Spouse ————————————————————————————————————]	School Numbe	l District er (see page	26) 3 0 3	3 0	
1. En	ter your Federal Adjusted Gross Income	e from your	federal retu	ırn (see page 8)	10		3 0	0,0,0	0 0	
2. Ta	x Add-Back: Tax deducted from federa	l Schedule	es C, C-EZ,	E, and/or F only	2					
3. Ne	et Operating Loss Carry forward from fed	deral Form	1040, line 2	1, 'Other Income'.	3		,			
4. Inc	come taxed on federal Form 4972 (atta	ch Form 4	1972: see p	page 9)	4					
5. To	tal Indiana Income: Add lines 1 throu	ugh 4			5(3 0	0,0,0	0,0	
yo	diana Deductions: Enter Box A amount u are claiming other deductions, do n ter amount from Schedule 1, line19, a	not enter th	ne Box A aı	mount here. Inste	ad,		1	0,0,0	0,0	
	diana Adjusted Gross Income: Line				^		2 9	0,0,0	0 0	
	imber of exemptions claimed on your for no federal return was filed, enter \$1000			x \$1,000. see page 13.)	8		1	0,0,0	0.0	
	ditional exemption for certain dependational in box x \$500			ge 13) Enter num		,		0	0.0	
Yo	neck box(es) below for additional exemple were: 65 or older or blind on the box of box of the box of	Spouse w	as: 65 or c	per 31, 1998: older □ or blind	□. 10	,		0	0.0	
.	tal Exemptions: Add lines 8, 9 and 1					,	1	0,0,0	0.0	
12. St a	ate Taxable Income: Line 7 minus line	e 11 (if ans	wer is less th	an zero, leave blank)	12		1218	0,0,0	0 0	
13. Sta	ate Adjusted Gross Income Tax: Multip	ply line 12	by 3.4% (.0	034)	13			9,5,2	0,0	
14. Co	ounty Income Tax. See instructions or	n page 13			14			2,2,4	0 0	
15. Us	e Tax due on out-of-state purchases (s	see page 1	16)		15					
16. Ho	ousehold Employment Taxes: Attach So	chedule IN	l-H (see pa	ge 16)	16					
17. To	tal Tax: Add lines 13 through 16. Ent	ter here ar	nd on line 2	4 on the back	17		1	1,7,6	0 0	
18. Inc	diana State Tax Withheld: From box 18 o	of your W-2	2s, box A of	WH-18s or from 10	99 _{\$} 18			0	0 0	
19. Inc	diana County Tax Withheld: From box 21	l of your W-	2s, box B of	WH-18s or from 10	99 _S 19		,	, ,0	0 0	
20. 19	98 Estimated Tax Paid: Include any e	xtension p	ayment ma	ade on Form IT-9	20					
21. Unified Tax Credit for the Elderly: see instructions on page 182					21	<u></u>				
22. Indiana Credits: Enter the total from line 12, Schedule 2: Attach Schedule 22					22					
23. To	tal Credits: Add lines 18 through 22.	Enter here	e and on lir	ne 25 on the back.	. 23			0	0 0	
AA	ВВ		СС	DD				Turn the p	age 😰	

Renter's Deduction: Address where rented if different than front page								
Landlord's name and address								
Number of months rented Amount of rent paid \$1000.00 Enter lesser of the amount of rent paid or								
\$1,500 Box A 1 0 0 0 0 Carry the Box A amount to the front of the IT-40, line 6, OR, if you have other								
deductions, carry to line 1 of Schedule 1: Indiana Deductions (see page 9). Important: <u>Do not</u> claim this deduction twice.								
24. Enter the Total Tax from line 17 on the front of this form								
25. Enter the Total Credits from line 23 on the front of this form								
26. If line 25 is more than line 24, subtract line 24 from line 25 (if smaller, skip to line 32) 26								
27. Amount of line 26 to be donated to the Indiana Nongame and								
Endangered Wildlife Fund (see instructions on page 23)								
28. Subtract line 27 from line 26								
29. Amount to be applied to your 1999 estimated tax account (see instructions)								
30. Penalty for Underpayment of Estimated Tax for 1998: Attach Schedule IT-2210 or IT-2210A 30								
31. Refund: Line 28 minus lines 29 and 30 (if less than zero see instructions)Yo∪R REFUND ▶ 31 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								
32. If line 24 is more than line 25, subtract line 25 from line 24. Add to this any								
amounts from lines 29 and 30, and enter total here (see instructions) SUBTOTAL 32 $1,7,6,0$								
33. Penalty if filed after due date (see instructions on page 24)								
34. Interest if filed after due date (see instructions on page 24)								
35. Amount Due: Add lines 32, 33 and 34								
No payment is due if you owe less than \$1.00. Do Not Send Cash. Make your check or money order payable to: Indiana Department of Revenue. Discover® Card payers must see page 24 for instructions.								
Out-of-State Income Information Taxpayer \$								
Enter any salary, wage, tip &/or commission received from Illinois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin: Spouse \$								
Taxpayer - Check box if you filed federal Schedule C or C-EZ for 1998. If any individual listed at the top of the IT-40								
Spouse - Check box if you filed federal Schedule C or C-EZ for 1998. ☐ died during 1998, enter date of death below								
• If two-thirds of your gross income was made from farming or fishing, please check here. Taxpayer's date of death 1998								
• If you do not need tax forms and instructions mailed to you next year, please check here. • Enter the number of motor vehicles you and your spouse own or lease. 1998								
m m d d								
• Are all these vehicles registered with the Indiana Bureau of Motor Vehicles? Yes 🗵 No 🖵 If No, attach an explanation. <u>Authorization</u>								
Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I also understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. I also give the Indiana								
Department of Revenue permission to confirm information that I have placed on this form and any attachments with the Social Security Administration. This consent includes my authorization for the Social Security Administration to release my social security number, name, and date of birth. I understand that								
information obtained under this section will remain confidential and will be used solely for Department of Revenue official purposes. This consent is in effect until such time as I withdraw my authorization.								
I authorize the Department to discuss my return with my tax preparer. Yes No Your Daytime Telephone Number								
1 2 3 4 5 6 7 8 9 0								
Spouse's Signature Date Spouse's Daytime Telephone Number								
Preparer's name								
Address								
Preparer's Daytime Telephone Number								
State Zip Code + 4 Preparer's Signature Date								

STATE OF INDIANA

ANDREW M FORD

6222 KINGSLEY DR

Date: February 17, 1999

SSN: 315-92-6721

SSN:

INDIANAPOLIS IN 46220-0000 Dear Taxpayer, Your electronically filed 1998 Indiana Individual Income Tax return indicates that you have a balance due to the Indiana Department of Revenue in the amount of \$1176.00. You should remit the balance due to the following address prior to April 15, 1999, to avoid penalty and interest. INDIANA DEPARTMENT OF REVENUE P. O. Box 1674 Indianapolis, IN 46206-1674 All checks or money orders are to be payable to the "Indiana Department of Revenue." If you have any questions concerning this balance due, you should contact the tax representative who filed your income tax return electronically. Sincerely, INDIANA DEPARTMENT OF REVENUE Detach and mail bottom portion with your payment (Made payable to The Indiana Department of Revenue). 315-92-6721 ANDREW M FORD **Amount You Owe** 1176.00 **IND** 04151999 Amount Paid: Send To: Indiana Dept. of Revenue I authorize payment of my liability using: (Subject to verification of credit limit) **Discover Card Payment Authorization** VERIFICATION (Dept. Use Only) CARD NUMBER **EXPIRATION DATE** Month Discover Card Member Signature